


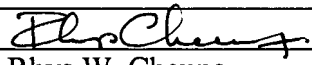
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	TRANSMITTAL FORM		Application Number	10/625,445
			Filing Date	July 22, 2003
			First Named Inventor	Geoffrey Huang
			Art Unit	2132
			Examiner Name	Samson B. Lemma
Total number of pages in this submission		10	Attorney Docket No.:	50325-0785

ENCLOSURES (Check all that apply)

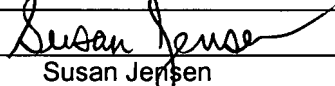
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (8 pgs); <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below: <u>Check in the amount of \$120.00; and Return Postcard</u>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hickman Palermo Truong & Becker LLP		
Signature			
Printed Name	Rhys W. Cheung		
Date	May 10, 2007	Reg. No.	58,648

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